Amendments to the Specification:

Please replace the paragraph starting at Page 15, Line 14 with the following amended paragraph:

The EGFR antagonist can also be combined with chemotherapeutic drugs used to inhibit the proliferation of cells, but not conventionally utilized in treating psoriasis. For example, the method of the invention can include the administration of a chemotherapeutic drug conventionally used to combat cancer. Examples of such anticancer chemotherapeutic drugs include amifostine (ethyol), cisplatin, dacarbazine (DTIC), dactinomycin, mechlorethamine (nitrogen mustard), streptozocin, cyclophosphamide, carmustine (BCNU), lomustine (CCNU), doxorubicin (adriamycin), doxorubicin lipo (doxil), gemcitabine (gemzar), daunorubicin, daunorubicin lipo (daunoxome), procarbazine, mitomycin, cytarabine, etoposide, methotrexate, 5-fluorouracil, vinblastine, vincristine, bleomycin, paclitaxel (taxol), docetaxel (taxotere), aldesleukin, asparaginase, busulfan, carboplatin, cladribine, camptothecin, CPT-11 (irinotecan), 10-hydroxy-7-ethyl-camptothecin (SN38), dacarbazine, floxuridine, fludarabine, hydroxyurea, ifosfamide, idarubicin, mesna, interferon alpha, interferon beta, irinotecan, mitoxantrone, topotecan, leuprolide, megestrol, melphalan, mercaptopurine, plicamycin, mitotane, pegaspargase, pentostatin, pipobroman, plicamycin, streptozocin, tamoxifen, teniposide, testolactone, thioguanine, thiotepa, uracil mustard, vinorelbine, chlorambucil and combinations thereof. Cisplatin is preferred.

Please replace the paragraph starting at Page 18, Line 13 with the following amended paragraph:

In a clinical trial, one human patient with psoriasis and refractory colon cancer was treated with a combination of an EGFR/HERl antagonist (chimeric anti-EGFR monoclonal antibody, C225) and CPT-11 (cisplatin) (irinotecan). The patient received weekly infusions of C225 at a loading dose of 400 mg/m² in combination with 125 mg/m² of CPT-11. Maintenance doses of 250 mg/m² C225 in combination with 69-125mg/m² of CPT-11 were administered on a weekly basis. Clinically, the patient had a complete response with respect to psoriasis. The dosing schedule is summarized in Table 1 below.

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